

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>3/19/05</u>		2 Serial/Patent # <u>10 512801</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
<input checked="" type="checkbox"/>	Other			\$ 100.00							
		7 TOTAL AMOUNT OF REFUND		\$ 100.00							
		8 TO BE REFUNDED BY:									
		Treasury Check									
		Credit Deposit A/C #:									
		<div style="display: flex; align-items: center;"> <span style="margin-right: 10px;">9</span> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30px;">0</td> <td style="width: 30px;">7</td> <td style="width: 30px;">--</td> <td style="width: 30px;">)</td> <td style="width: 30px;">3</td> <td style="width: 30px;">9</td> <td style="width: 30px;">2</td> </tr> </table> </div>			0	7	--	)	3	9	2
0	7	--	)	3	9	2					
10 REASON:											
<input checked="" type="checkbox"/>	Overpayment										
	Duplicate Payment										
	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>A. Hwale</u>		TITLE: <u>Asst. Dir.</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308.9140 x201</u>									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*